

**MINORITY BUSINESS ENTERPRISE COMPLIANCE OFFICE
DEPARTMENT OF ADMINISTRATION
ONE CAPITOL HILL, 2nd FLOOR
PROVIDENCE, RHODE ISLAND 02908
(401) 574-8670
MINORITY, DISADVANTAGED OR WOMEN BUSINESS ENTERPRISE
RECERTIFICATION APPLICATION**

This information contained herein will be held in confidence by the State of Rhode Island and is not considered public information.

1. **Name of Business:** _____
 Address: _____
 Mailing Address: _____
 City/Town _____ **State:** _____ **Zip Code:** _____
 Federal ID. No.: _____ **Phone No.:(** _____ **)** _____
 Fax No.:(_____ **)** _____
 E-mail Address: _____
2. **Current Legal Structure (Check One):**
 A. Corporation _____ **B. Sole Proprietorship** _____ **C. Partnership** _____ **D. Limited Partnership** _____ **E. Joint Venture** _____ **F. Other** _____
 If "Other" is checked, please explain: _____

3. **Type of Business:**
 A. Corporation _____ **B. Consulting** _____ **C. Architect** _____ **D. Manufacturing** _____
 E. Engineering _____ **F. Service** _____ **G. Supplier** _____ **H. Other (specify)** _____
 If "Other" is checked, Please explain: _____

4. **If recertified, what functional description would you like included in the directory?**

5. **Management and Control of Firm:**

 Please provide updated information regarding those individuals (owners and non-owners) who are responsible for the day-to-day operation and policy decision-making, including those with prime responsibility for:

Name	Race or Ethnic Code	Sex	Title
(See Attachment B)			

Financial Decisions _____

Please provide updated information regarding those individuals (owners and non-owners) who are responsible for the day-to-day operation and policy decision-making, including those with prime responsibility for:

Name	Race or Ethnic Code (See Attachment B)	Sex	Title
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Signatory on Major Documents _____

Administrative Decisions _____

Personnel Decisions _____

Public Relations/Marketing _____

Sales _____

Estimating _____

Negotiations _____

Management of Office Operations _____

Supervision of Field Decisions _____

6. Is any owner, officer, partner, principal or manager (including field supervisors) a officer; partner or principal of another business organization ____ Yes ____ No
If yes, provide the names of these individuals, percentage of ownership in certified firm, which other business organizations they are involved in and percentage of ownership in these firms. Please submit this information on separate pages.

7. Number of Employees:

	Full Time	Part Time
A. Administration	()	()
B. Sales	()	()
C. Manufacturing	()	()
C. Other	()	()

8. Has this firm ever been denied certification or recertification? ____ yes ____ no. If yes, on separate paper, please identify the agency, telephone number and date of action.

9. Has ownership changed since the last certification? ____ yes ____ no. If corporation, give names of all principle stockholders, class of stock, number of shares and percent of ownership if different from original certification. (See Attachment A)

10. Has minority, disadvantaged or woman status changed in the ownership and/or control of the business from original certification? ____ yes ____ no. If yes, indicate change(s) below:

A. Ownership**Name/Title****Race/Ethnic Origin/Sex**

B. Control**Name/Title****Race/Ethnic Origin/Sex**

11. Have there been any changes in bonding or insurance coverage? _____yes _____no.

If yes, please explain:

12. Has there been any loan agreements entered into by the business other than those listed in the original application? _____yes _____no

13. If yes, was this loan secured by or cosigned-signed with a non minority or female (individual or company) _____yes _____no (if yes, please attach a copy of this loan agreement).

14. Provide copy of most recently signed Federal business income tax return. (Include returns of affiliate companies - See Attachment A)

15. Provide copy of year-end Balance Sheet and Profit and Loss (Income) Statement for the last year.

16. List the four largest supply, construction or professional service contracts COMPLETED in the last year:

	<u>Firm Name</u>	<u>Contact Person</u>	<u>Phone</u>	<u>Type of Work Number or Supply</u>	<u>Amount</u>
a.	_____	_____	_____	_____	\$ _____
b.	_____	_____	_____	_____	\$ _____
c.	_____	_____	_____	_____	\$ _____
d.	_____	_____	_____	_____	\$ _____

PLEASE RETURN ALL REQUIRED INFORMATION, AND RETAIN A COPY FOR YOUR RECORDS

AFFIDAVIT

I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing documents are true and correct and include all information necessary to identify and explain the operation of _____

(Name of Firm)

as well as the ownership thereof, and that I am authorized on behalf of the business to document this affidavit. I also declare that the named firm is a bona-fide Minority Business Enterprise, Disadvantaged Business Enterprise or Women Business Enterprise of which at least 51% is owned and controlled by Minorities, Disadvantaged or Women who exercise independent day-to-day functional management.

I understand that any material misrepresentation will be grounds for denial or revocation of certification and initiation of action under Federal and/or State laws concerning false sworn statements.

Signature (owner/applicant)

Company Name

Date

State of

Notary Public

Commission Expires

STATE OF RHODE ISLAND
ADDENDUM TO MBE/WBE/DBE CERTIFICATION AFFIDAVIT
STATEMENT OF PERSONAL NET WORTH

A Statement of Personal Net Worth must be completed by each owner, shareholder and director seeking certification and/or recertification of their business as an MBE/WBE/DBE.

Name _____ Business Phone () _____
Residence Address _____ Residence Phone () _____
City, State, & Zip Code _____
Name of Applicant Business _____

PERSONAL FINANCIAL STATEMENT: As of _____

ASSETS (Omit Cents)	LIABILITIES (Omit Cents)
1. Cash on hand _____	1. Accounts Owed \$ _____
2. Checking Accounts \$ _____	2. Notes Payable to Banks & Others \$ _____
3. Savings Accounts \$ _____	3. Installment Account (Other) \$ _____
4. IRA or Other Retirement Acct. \$ _____	4. Loan on Life Insurance \$ _____
5. Accounts & Notes Receivable \$ _____ (Personal Only)	5. Mortgage on Real Estate \$ _____ (Exclude Primary Residence)
6. Life Insurance - Cash Surrender Value Only \$ _____ (Personal Only)	6. Unpaid Taxes \$ _____
7. Stocks & Bonds \$ _____	7. Other Liabilities \$ _____
8. Real Estate \$ _____ (Excluding Primary Residence)	
9. Automobile(s) \$ _____ (Present Value)	
10. Other Personal Property & Assets \$ _____ (Define)	
TOTAL ASSETS \$ _____	TOTAL LIABILITIES \$ _____
	NET WORTH \$ _____ (Total Assets minus Total Liabilities)

Sworn before me

Signature _____

This day of

Position / Title _____

Submit the following documents and any other revisions or amendments if different from original application:

I. For a Corporation

- a. Copies of recent stock issues
- b. Stock transfer ledger
- c. Resumes of individual involved with the day-to-day management of firm (Question 5)

II. For a Partnership (Limited/General):

- a. Resumes of individuals involved with the day-to-day management of firm (Question 5)
- b. Submit only amendments or revisions of the original Partnership agreement.

III. For a Sole Proprietorship:

- a. Resumes of individuals involved with the day-to-day management of firm (Question 5)

IV. Joint Venture

- a. Resumes of individuals involved with the day-to-day management of firm (Question 5)
- b. Submit any amendments or revisions of the original joint venture agreement.

AFFILIATES - Companies are considered affiliates when either directly or indirectly (1) one concern controls or has the power to control or (2) a third party or parties controls or has the power to control both.

ATTACHMENT B

Member of a definable minority or disadvantaged group means a person with permanent residence in the United States who is Aleut, Asian (including the subcontinent of India), Black, Cape Verdean, Eskimo, North American Indian, Pacific Islander, Western Hemispheric Hispanic, Portuguese and Women as a special class of minority.

MBE/DBE/WBE means a business enterprise that has been certified by DOA as meeting the six-prong test set forth in the certification criteria.

The following are more definitive descriptions of the definable minority groups to which these regulations apply (NOTE: *these persons are presumed to be socially and economically disadvantaged*):

<u>Code</u>	<u>Category</u>	<u>Definition</u>
B	Black	All persons having origins in any of the Black groups of Africa
H	Hispanic	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.
I	American Indian	All persons having origins in any of the original peoples of North America, and who are recognized as an Indian by a tribe or tribal organization.
A	Asian	All persons having origins in any of the original peoples of the Far East, South East Asia, the Indian Subcontinent, or the Pacific Island. This area includes, for example, China Japan, Korea, Philippine Islands, and Samoa.
P	Portuguese	A person of Portuguese, Brazilian or other Portuguese culture or origin, regardless of race.
W	Women	Any female qualifies as a special class of minority.
D	Disadvantaged	<u>Socially</u> and <u>Economically</u> disadvantaged persons.